

SERFF Tracking Number: MULF-128301738 State: Arkansas
Filing Company: John Hancock Life Insurance Company (USA) State Tracking Number:
Company Tracking Number: LTC-NONF 7/12
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: LTC-NONF 7/12
Project Name/Number: LTC-NONF 7/12/

Filing at a Glance

Company: John Hancock Life Insurance Company (USA)

Product Name: LTC-NONF 7/12 SERFF Tr Num: MULF-128301738 State: Arkansas
TOI: LTC03I Individual Long Term Care SERFF Status: Closed-Approved State Tr Num:
Sub-TOI: LTC03I.001 Qualified Co Tr Num: LTC-NONF 7/12 State Status: Approved-Closed
Filing Type: Form Reviewer(s): Donna Lambert

Authors: Michelle Fluets, Glenn Daly, Disposition Date: 04/25/2012

Carol Folsom, Pat Hamlett, Marie

Roche, Joanne Witham

Date Submitted: 04/25/2012 Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date: 04/25/2012

State Filing Description:

General Information

Project Name: LTC-NONF 7/12 Status of Filing in Domicile: Pending
Project Number: Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments:
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Individual Market Type:
Overall Rate Impact: Filing Status Changed: 04/25/2012
State Status Changed: 04/25/2012

Deemer Date:

Submitted By: Michelle Fluets

Filing Description:

Re: John Hancock Life Insurance Company (U.S.A.)

Company NAIC # 65838, FEIN # 01-0233346

Individual Long-Term Care Insurance Submission

Endorsement Form: LTC-NONF 7/12 (for use with Policy Form LTC-11 AR)

Created By: Michelle Fluets

Corresponding Filing Tracking Number:

Dear Commissioner:

As a result of the changes/updates which were made in our recent SERFF submission (SERFF Tracking Number MULF-128202460) which was approved by your Department on April 18, 2012, we are enclosing for your review and

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approval a new Nonforfeiture Benefit Endorsement (Form LTC-NONF 7/12).

This form will be used with our Custom Care III policy form LTC-11 AR which was approved by your department on February 23, 2011 under SERFF Tracking Number MULF-126977796 and State Tracking Number 47667.

The following items are included in this submission:

- * the submission letter.
- * all required certifications.

Thank you for your time and consideration in this matter.

Sincerely,
Michelle Fluet
State Narrative:

Company and Contact

Filing Contact Information

Michelle Fluet, Senior Contract Consultant mfluet@jhancock.com
200 Berkeley Street 617-572-0101 [Phone]
B6-06 617-572-0399 [FAX]
Boston, MA 02117

Filing Company Information

John Hancock Life Insurance Company (USA) CoCode: 65838 State of Domicile: Michigan
200 Berkeley Street Group Code: 904 Company Type:
Boston, MA 02176 Group Name: State ID Number:
(617) 572-6000 ext. [Phone] FEIN Number: 01-0233346

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: 1 form x \$50.00 = \$50.00
Per Company: No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
John Hancock Life Insurance Company (USA)	\$50.00	04/25/2012	58533471

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Donna Lambert	04/25/2012	04/25/2012

SERFF Tracking Number: *MULF-128301738* *State:* *Arkansas*
Filing Company: *John Hancock Life Insurance Company (USA)* *State Tracking Number:*
Company Tracking Number: *LTC-NONF 7/12*
TOI: *LTC03I Individual Long Term Care* *Sub-TOI:* *LTC03I.001 Qualified*
Product Name: *LTC-NONF 7/12*
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Disposition

Disposition Date: 04/25/2012

Implementation Date: 04/25/2012

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: MULF-128301738 State: Arkansas

Filing Company: John Hancock Life Insurance Company (USA) State Tracking Number:

Company Tracking Number: LTC-NONF 7/12

TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved	Yes
Supporting Document	Application	Approved	Yes
Supporting Document	Health - Actuarial Justification	Approved	Yes
Supporting Document	Outline of Coverage	Approved	Yes
Supporting Document	Cover letter	Approved	Yes
Form	Nonforfeiture Benefit	Approved	Yes

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Form Schedule

Lead Form Number: LTC-NONF 7/12

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved	LTC-NONF 7/12	Policy/Cont	Nonforfeiture Benefit	Initial			LTC-NONF7_12.pdf
04/25/2012		ract/Fratern	al				
		Certificate:					
		Amendmen					
		t, Insert					
		Page,					
		Endorseme					
		nt or Rider					



JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)

ENDORSEMENT

NONFORFEITURE BENEFIT

This Endorsement explains how benefits under Your Policy may be continued even after Your Policy lapses.

This Endorsement is part of, and should be attached to Your Policy. It is subject to all the provisions of the Policy unless otherwise provided below.

Nonforfeiture Benefit

After Your Policy and this Endorsement have been in effect for three (3) years (one (1) year if Your Policy Schedule shows You have selected the **Twenty-Year Premium Payment Option or Paid-up at Age 75 Payment Option**, We cannot terminate Your Policy because You failed to pay the required premium within the Grace Period. Instead, this Endorsement modifies the Policy Limit and changes Your Policy to paid-up status where no further premium is due.

Amount of Nonforfeiture Benefit

The new Policy Limit on the effective date of Your paid-up status will be equal to the total premium You have paid. However, in no event will the new Policy Limit ever be less than:

- thirty (30) times the Long-Term Care Benefit Amount at the time of lapse if You elected the daily Long-Term Care Benefit Amount; or
- one (1) times the Long-Term Care Benefit Amount at the time of lapse if You elected the monthly Long-Term Care Benefit Amount.

No benefits will be paid in excess of the new Policy Limit. Benefits will be paid subject to the Long-Term Care Benefit Amount level in effect at the time You lapsed Your Policy.

Also, no benefits will be paid in excess of the Policy Limit that would have been in effect if You had continued to pay premiums as required.

If Your Policy has been in effect for less than three (3) years (one (1) year if Your Policy Schedule shows You have selected the **Twenty-Year Premium Payment Option or Paid-up at Age 75 Payment Option**, no Nonforfeiture Benefit is payable and Your Policy will terminate for non-payment of premium.

All optional benefit riders will automatically terminate when Your Policy changes to paid-up status under the provisions of the Nonforfeiture Benefit. In addition, no inflation adjustment will be made while the Policy is in effect under the Nonforfeiture Benefit.

Signed for the Company at Boston, Massachusetts:

A handwritten signature in cursive script, appearing to read "Emanuel Alves".

Secretary

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved	04/25/2012
Comments:		
Attachment:		
CERTIFICATION OF READABILITY.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application	Approved	04/25/2012
Bypass Reason: Not applicable to this endorsement submission.		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Health - Actuarial Justification	Approved	04/25/2012
Bypass Reason: Not applicable to this submission.		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Outline of Coverage	Approved	04/25/2012
Bypass Reason: Outline of Coverage OCLTC11 AR 7/12 was approved on 4/18/12 under SERFF Tracking Number MULF-128202460.		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: Cover letter	Approved	04/25/2012
Comments:		
Attachment:		
AR CCIII LTC-NONF 7-12 cover letter.pdf		

CERTIFICATION OF READABILITY
State of Arkansas

Policy Form	LTC-11 AR
LTC-11 AR Associated Riders/Endorsements	
Nonforfeiture Benefit Endorsement	LTC-NONF 7/12

I certify that to the best of my knowledge and belief, the above-referenced form(s) meet or exceed the readability, legibility, and format requirements of any applicable laws and regulations in the state of Arkansas

4/25/12
Date

Marie Roche, Assistant Vice President
Name and title of officer of the Issuer



Signature of officer of the Issuer

John Hancock Life Insurance Company (U.S.A.)

John Hancock Place
Post Office Box 111 B-6-6
Boston, Massachusetts 02117
1-888-877-9075
Direct: (617) 572-0101
Fax: (617) 450-8198
Email: mfluet@jhancock.com



Michelle Fluet
Contract Consultant
LTC Contracts and Legislative Services

April 25, 2012

Commissioner Jay Bradford
Arkansas Department of Insurance
1200 West Third Street
Little Rock, Arkansas 72201-1904

Re: **John Hancock Life Insurance Company (U.S.A.)**
Company NAIC # 65838, FEIN # 01-0233346
Individual Long-Term Care Insurance Submission
Endorsement Form: LTC-NONF 7/12 (for use with Policy Form LTC-11 AR)

Dear Commissioner:

As a result of the changes/updates which were made in our recent SERFF submission (SERFF Tracking Number MULF-128202460) which was approved by your Department on April 18, 2012, we are enclosing for your review and approval a new Nonforfeiture Benefit Endorsement (Form LTC-NONF 7/12).

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The following items are included in this submission:

- the submission letter.
- all required certifications.

Thank you for your time and consideration in this matter.

Sincerely,

Michelle Fluet